

COMPLAINT OPS-8936**YOUR PERSONAL INFORMATION**

Complaint ID : OPS-8936

Name : [REDACTED]

Sex : FEMALE

Race : BLACK

Age : 30

Address : [REDACTED]

Your contact information

Best time to contact : 04:00 PM

Primary Contact Phone

Number : [REDACTED]

Your injury informationWere you injured in this
incident? NO

Please describe the injury :

Did you need medical
attention? NO

Hospital/Medical Center :

Please describe the medical
treatment :**INFORMATION ABOUT THE INCIDENT**

OFFICER MURPHY WHO I HAD SUED FOR MY FALSE ARREST
(THE CASE SETTLED CASE # [REDACTED])SPOKE TO MY
BROTHER AND COUSIN AND STATED THAT "I GOT SOMETHING
FOR HER" REFERRING TO ME. OFFICER MURPHY TOLD MY
BROTHER SHE ALREADY WON HER CASE AND SHE WENT AND
SUED ME ,WE GOT SOMETHING FOR HER.

Location of the incident

Street Number : 5700

Direction : S

Street Name : MAY

Apt No. :

Building Name :

Floor :

Unit :

ON THE STREET. OFFICER MURPHY WAS IN A MARKED SQUAD.

Location Description : THIS OCCURRED ABOUT 3PM.

Incident Date and Time

Date : 12/12/2011

Time : 03:00 PM

Evidence

Video Evidence : NO

Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name : MURPHY

First Name : W

Star No.. : 12167

Rank :

Assigned Unit :

On Duty : NO

Sex : MALE

Race : WHITE

Officer Description :

Police Vehicle Beat Number :

Vehicle Number :

License Plate :

Vehicle Description :

INFORMATION ABOUT VICTIMS AND WITNESSES

Witness #1 personal information

Last Name : [REDACTED]

First Name : [REDACTED]

Sex : MALE

Race : BLACK

Age :

Contact:

Witness #1 injury information

Was the witness injured in
this incident?: NO

Please describe the injury :

Did the witness need medical
attention?: NO

Hospital/Medical Center :

Please describe the medical
treatment:

Witness #2 personal information

Last Name : [REDACTED]

First Name : [REDACTED]

Sex : MALE

Race : BLACK

Age :

Contact:

Witness #2 injury information

Was the witness injured in

this incident?: NO

Please describe the injury :

Did the witness need medical attention?: NO

Please describe the medical treatment:

Hospital/Medical Center :